



Let's talk about the vaccine:  
the need for strategy, clarity and equality

# Let's talk about the vaccine: the need for strategy, clarity and equality

## Introduction<sup>1</sup>

Sri Lanka's vaccine policy, at least as reflected in the media, follows a confusing path.

Like many other countries, Sri Lanka is “learning by doing,” as this pandemic and the multiple unprecedented challenges it poses to public health, the economy and livelihoods continue to evolve. As of March 2021, much has happened in terms of rolling out the vaccine in Sri Lanka.

However, many questions lingered among the public. They began with, is the vaccine needed, and how many of it are available to Sri Lankans? Does it work and is it safe to use? Will the number of vaccines available in Sri Lanka, now and in the future, be sufficient to protect the public from COVID-19? Is it enough to vaccinate only part of the population, and if so, what is the most scientifically sound approach to getting the best benefit out of the available number of vaccines?

One year into the pandemic, however, the need of the hour is a concerted and well calibrated policy, developed by experts and professionals, who will think through, communicate, and implement that policy as a public health response. A rollout of this nature presents an enormous challenge to the government as a whole, and interdepartmental cooperation shall doubtless be called for. However, it is important to ensure that all aspects of the rollout are based on scientific reasons, not only to protect citizens from the injustice of an arbitrary vaccination programme, but also to avoid wasting the limited number of vaccines available to the country.

The current approach to the vaccination programme, as reflected in various mainstream media outlets, meanders – often leading to public frustration and distrust. Whatever the challenges are, open and methodical communications as an Open Government will be appreciated and inspire support for the government's efforts.

The public is aware that every adult will not be vaccinated, and some candidates should be prioritised. However, the criteria for selecting priority candidates must be clear, public and based on credible reasons. If “frontline workers” are to be prioritised, who counts as “frontline workers” must be clear. Are they health workers only or do they include the drivers of the economy, transport network operators and educationalists? Such priority groups should have been identified in advance and adhered to faithfully as rollout progressed though, as seen below, this was not the case.

Governance structures are fragmented and lines of authority and responsibility are blurred. Contradictory Covid-related information come from a variety of sources, such as the Chief Epidemiologist, Deputy Director-General of Health Services, the former Director-General of Health Services, and current Secretary to the Ministry of Environment, the Army Commander, the State Minister of Primary Health Care, Epidemics and COVID Disease Control, the Minister of

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<sup>1</sup> This analysis is based on media reports published until 25<sup>th</sup> March 2021.

Health, the GMOA Editor, the Cabinet Co-spokesperson, the Pharmaceuticals State Minister and the Presidential Media Division. They and others have at various times been involved in piecemeal public messaging, but these messages are not consistent and this approach has not contributed to a more informed public.

To date, the Western Province has been the target of the vaccination drive, particularly Colombo and its environs but there are many other urban centres: Kandy, Kurunegala, Galle, Jaffna, Vavuniya, and Trincomalee among others that must be attended. There is also the drive for a second dose to be considered.

With the focus on vaccination –testing has got less attention and media coverage. Is this no longer a government priority?

We believe this is the appropriate time for the government to look back and look forward to shaping a resilient strategy to address the covid pandemic and it is the appropriate time for the government to take stock of how it will manage the next phase of the vaccination process.

## **Vaccination and the broader strategic response to COVID-19 in Sri Lanka**

### *A crisis of information*

The mass inoculation programme was rolled out in late January 2021 and the vaccination programme has so far dominated news related to COVID-19 for much of 2021. However, the official messaging explaining the expectations underlying the rollout and the strategy to realise those expectations have never been clear.

The public do not know officially know how many people need to be vaccinated for mass vaccination to work; how to extract the best benefit from vaccinating only part of the population; how eligibility is determined within such an approach; how will people eligible for vaccines access them, and what safeguards are there against abuse? More importantly, the public is entitled to know how the government’s vaccination policy fits within Sri Lanka’s broader COVID-19 response.

Instead, the public is caught in a confusion of views, a lack of official messaging, chaotic implementation and risks of abuse of process. Some of these are to be expected in a developing economy such as Sri Lanka; other aspects, however, may be averted through robust leadership based on sound, expert advice.

An example of the confusion is seen in the idea of achieving herd immunity through vaccination, and the threshold of vaccination required to make this possible. At various times, various officials have identified varying figures as the necessary threshold. For instance, Colombo Municipal Council Chief Medical Officer Dr Ruwan Wijemuni said in February, “If we can administer 450,000 doses for the population residing in Colombo, above the age of 18, we can achieve herd immunity where we can basically put a comma to the transmission of the virus...”<sup>2</sup> On the other hand,

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<sup>2</sup> [Six centres in Colombo as vaccinations roll out into public](#) (Daily Mirror, 23.2.2021)

Pharmaceuticals State Minister Channa Jayasumana said in March, “We have to give the jabs to at least 2.5 million people. So, we want 1.5 million more doses.”<sup>3</sup> Meanwhile, Sri Lanka Association of Government Medical Laboratory Technologists Ravi Kumudesh said, “To develop herd immunity in society, at least 60% of the population should be vaccinated. We have only received 1.3 million vaccines. When compared to the population in the country, at least 13 million people [should be] vaccinated to bring the situation under control.”<sup>4</sup> Of course, while Dr Wijemuni is referring to Colombo only, the other two are referring to the country as a whole, and while Dr Wijemuni and State Minister Jayasumana are part of the health administration, Kumudesh leads a professional association; these dynamics should influence how these estimates are received. Yet, the lack of information is patent, and contributes to the deficit in trust among the public regarding the vaccine programme as a whole.

The lack of information was the bleakest when vaccination was expanded to the general public in the Western Province. Some people were seen clamouring to know where to receive the injections, while others were seen staying warily away, while even more were unable to access vaccines due to livelihood constraints or disabilities. Some who found a vaccine centre were compelled to wait long periods only to be turned away on some disqualification. Many of them risked exposure to the virus while waiting, since social distancing was visibly lax in many vaccination centres. Nor is there any official messaging to reinforce the need for social distancing, mask-wearing, and reduced mobility among people.

### *Chaotic implementation*

Initially, the stated strategy was to vaccinate people based on principles of priority. As early as December, the Presidential Media Division said, “The groups to be vaccinated will be determined based on the need and priority,”<sup>5</sup> and this idea guided the initial rollout of vaccines after the first consignment arrived in late January, and no issues of implementation were apparent as health and security personnel were vaccinated through civilian and military hospitals within the Western Province.<sup>6</sup>

However, by mid-February, the policy shifted, and the programme was suddenly expanded to include the general public of the Western Province, demonstrating the ample flexibility of the stated strategy. The public rollout was implemented through local government councils, starting with the Colombo Municipal Council and gradually expanding to other councils in the district, as well as to councils in the Gampaha District as well. When public rollout began through the Colombo Municipal Council, six centres were identified in the media,<sup>7</sup> but as rollout expanded to other councils, it was increasingly difficult to know where the centres were located. In Colombo, those seeking vaccination were originally required to contact their area MOH or PHI office with their identification details, or alternatively to go directly to the centre with their identification details and await a turn. MOH and PHI contact details were not indicated in these announcements (though various images circulated in instant messaging platforms like WhatsApp), while some citizens also claimed that health officers were difficult to contact (perhaps due to high demand). Thus, most

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<sup>3</sup> [Covid-19 hotspots, potential active clusters covered under vaccine rollout: State Minister](#) (Daily Mirror, 7.3.2021).

<sup>4</sup> [Country’s COVID situation might pose instant boom: Lab. Technologists](#) (Daily Mirror, 11.3.2021).

<sup>5</sup> [Govt to expedite introduction of Covid vaccine to SL](#) (Daily Mirror, 23.12.2020).

<sup>6</sup> [Vaccination drive kicks off Vaccination in hospitals of other areas today](#) (Daily Mirror, 30.1.2021).

<sup>7</sup> [Six centres in Colombo as vaccinations roll out into public](#) (Daily Mirror, 23.2.2021)

people seeking vaccines were compelled to arrive at the centre with their details and await their turn.

Soon, chaos ensued, with scenes from vaccination centres showing massive crowds standing in long queues with little social distancing. In Narahenpita, a “tense situation” was reported at the vaccine centre.<sup>8</sup> Allegations of abuse and corruption also surfaced,<sup>9</sup> culminating even in the arrest of a CMC employee who allegedly received money in return for the vaccination.<sup>10</sup> Some who arrived for vaccination were turned away after hours of waiting based on disqualifications. Only those with addresses in their identification documents corresponding with the area of the vaccination centre could get vaccinated. Many who lived in a particular area of Colombo but had identification reflecting an outstation address (i.e., the NICs of domestic workers working within Colombo) faced difficulties establishing their entitlement to the vaccine.

The chaos behind the vaccination drive was also evident in how a top official at ICTA tweeted on a Sunday evening a call for volunteers to help with data entry at two vaccine centres on the following Monday, using their own personal laptops. While hundreds of people shared his message, some expressed alarm that an ICTA top official seemed comfortable collecting personal health information of vaccine recipients through personal laptops of unknown individuals recruited overnight as volunteers. Either way, incidents such as these raise questions on whether officials implementing the vaccine policy on the ground are receiving the support they need.

### *Poor integration with the broader pandemic response*

Experts have been consistent in highlighting that the vaccination programme on its own is not adequate to respond to the impact from the pandemic on Sri Lanka. As early as November, the Chief Epidemiologist highlighted that, “Sri Lanka cannot keep the faith on vaccines alone considering the time-period of its availability, the cost, and several other factors,” he said, adding that, “Priority should be given to curb the spread of the virus.”<sup>11</sup> Even closer to the launch of the inoculation programme, Deputy Director-General of Health Services Dr Hemantha Herath insisted that, “People should continue to adhere to health guidelines even after the vaccine rollout against COVID-19 ... mass inoculation against the coronavirus would have a different effect in the containment of the pandemic.”<sup>12</sup> On the other hand, former Director-General of Health Services, and current Secretary to the Ministry of Environment, Dr Anil Jasinghe told the media that Sri Lanka will have to put in the extra effort to get the vaccine and vaccinate at least half of the country’s population.<sup>13</sup>

Reportedly, resources needed to implement other vital aspects of the pandemic response, such as testing and isolating, have “run out” in the wake of the vaccination rollout. Sri Lanka Association of Government Medical Laboratory Technologists President Ravi Kumudesh told the media that, “The COVID-19 vaccines were given only [to] the people in the Western Province Council areas and the Epidemiology Unit [are] claiming that they are running out of hospital staff to conduct PCR tests as

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<sup>8</sup> [Tense situ reported at Narahenpita](#) (Daily Mirror, 24.2.2021).

<sup>9</sup> [Influential pressure by many lead to irregularities in vaccination drive](#) (Daily Mirror, 2.3.2021).

<sup>10</sup> [CMC worker caught for collecting money to vaccinate public](#) (Daily Mirror, 6.3.2021)

<sup>11</sup> [We cannot rely on vaccines alone, says Epidemiology Chief](#) (Daily Mirror, 11.11.2020); [Health practices should not be stopped even if we get the vaccines](#) (Thinakaran, 6.1.2021)

<sup>12</sup> [Health guidelines should be followed even after vaccine rollout – Dr. Herath](#) (Daily Mirror, 26.1.2021)

<sup>13</sup> ['අපිට එන්නත ගන්න ලොකු සටනක් දෙන්න වේවි'](#) (Mawbima, 2.1.2021).

they have been assigned for vaccination programmes.”<sup>14</sup> According to him, the rate of PCR testing per day had “come down to 7,000 as a result of the ongoing vaccination programme” and that this was done “wilfully.” Accordingly, the lowered frequency in testing meant that no scientific basis existed to assess the effectiveness of the vaccination programme and to establish a relationship between it and the lower number of positive cases.

However, a health ministry official has contradicted this narrative (albeit anonymously), claiming that the lowered number of tests is explained by the completion of aggressive contact-tracing that was carried out relative to earlier clusters.<sup>15</sup> “Other than ongoing testing of close contacts, the ministry is continuing random PCR testing island-wide. This has not stopped,” this official told the *EconomyNext*, a local news platform online. However, the publicly available data on the number of tests carried out per day do not distinguish between random testing and contact tracing. In any case, Sri Lanka Association of Government Medical Laboratory Technologists President Ravi Kumudesh emphasises that, “People should be strictly advised to follow the basic health guidelines. The Health Ministry should increase the number of PCR tests and other COVID-19 surveillance systems including the isolation and quarantine programmes to get this pandemic under control.”<sup>16</sup>

However, no such messaging seems to exist, and many in Sri Lanka, especially in the Western Province, are seen to be reverting to a mask-clad version of life before the pandemic, with minimal social distancing, self-isolating and hand-sanitising. For example, around the same time the public in the Western Province began being inoculated, Sri Lanka came upon the Navam Full Moon long-weekend and, as predicted, many in Colombo travelled outstation on holiday. Ahead of this, asked by *Daily Mirror* if there is a move to enforce travel restrictions over the long weekend, Army Commander General Shavendra Silva said that so far, no such move was contemplated.<sup>17</sup> However, the same article also quotes General Silva as saying, “Some people have begun to go about without taking precautions after obtaining the first jab”, and that, “Taking just the first dose does not give anyone immunity from the Coronavirus”. However, by mid-March, the Director General of Health Services announced that fresh health guidelines will be issued ahead of the Sinhala-Tamil New Year season in April.<sup>18</sup>

### *Conflict with other government policies*

As the pandemic rages through the world, many countries suffer the blowback not only in the health sector, but also in other areas of policy as well. In Sri Lanka, too, various challenges and threats to the economy pressure the government into resuming “ordinary” economic activity as soon as possible. However, sometimes these measures come at the expense of sabotaging the pandemic responses, which would only exacerbate the economic crises in the long run.

For example, around the same time the vaccine programme began, Sri Lanka also opened its borders to international tourism. At that time, South Africa was reporting that the new variant of the virus found in South Africa was more resilient against the AstraZeneca vaccine<sup>19</sup> and, by mid-March, the

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<sup>14</sup> [Country’s COVID situation might pose instant boom: Lab. Technologists](#) (Daily Mirror, 11.3.2021).

<sup>15</sup> [As close contacts drop, so does PCR testing: health ministry official](#) (EconomyNext, 23.3.2021).

<sup>16</sup> See above.

<sup>17</sup> [Public overconfident after first dose](#) (Daily Mirror, 25.2.2021)

<sup>18</sup> [Fresh health guidelines for upcoming festive season soon: Health DG](#) (Daily Mirror, 19.3.2021).

<sup>19</sup> [Sri Lanka will continue with AstraZeneca vaccine](#) (Daily Mirror, 10.2.2021). දකුණු අප්‍රිකාව Oxford

entry of both the new UK variant<sup>20</sup> as well as the South African variant<sup>21</sup> to Sri Lanka were confirmed. Thus, in opening borders, Sri Lanka took a risk that the limited vaccines available to it may become ineffective against the virus at some point, but it remains to be seen whether this is in fact the case.

Similarly, a proposal is also under consideration to reduce the number of days in quarantine. As the *Daily Mirror* reported, the Ministry of Health is considering “a proposal ... to reduce the quarantine period for Sri Lankans returning from overseas. According to sources, a suggestion was made to reduce the number of days in quarantine to 7 days, but some felt it was not practical. It was later suggested reducing the quarantine period to 10 days from the current 14 days.”<sup>22</sup> At the same time, a proposal to “review the quarantine period for business travellers ... The proposal includes reconsidering the quarantine period for business travellers or reducing the quarantine period. It was also proposed that local and foreign businessmen be allowed to travel in Sri Lanka under a travel bubble.”<sup>23</sup>

Indeed, even after nearly three months of vaccinating parts of the public, and despite the lowered resources available for testing and pandemic surveillance, infection rates appear to be high, with over 90,000 cases detected with nearly 3,000 currently under medical care as of this writing.<sup>24</sup>

Cases are detected especially in places like factories,<sup>25</sup> including, for example, the discovery of a cluster of 474 positive cases in the Sapugaskanda oil refinery out of 1,200 tests conducted.<sup>26</sup>

## Clarity in objectives and implementation of vaccination

### *Lack of official messaging*

Throughout the vaccination drive, many of the changes in the policy were announced through statements to the press, even as the contradictions between different authorities continued unabated. There is a dire need for an official platform for information related specifically to the vaccination and more broadly to the pandemic response.

While senior health authorities should continue to enjoy their freedom of expression in informing the public of all matters of public interest, there should also be clear lines of responsibility between the official position ultimately taken and the actors who direct those positions. Press statements are not easy to follow for all citizens, for various reasons, especially as the messages change continuously, and differ depending on who is speaking. Clarifying the official positions related to the vaccination policy would facilitate expert discourse while also ensuring responsibility from policymakers and implementers.

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[AstraZeneca එන්නත ලබාදීම හදිසියේ අත්හිටුවයි](#) (Mawbima, 8.2.2021)

<sup>20</sup> [UK COVID strain found in Sri Lanka - Dr. Chandima Jeewandara](#) (News First, 12.2.2021).

<sup>21</sup> [Patient with South African variant of COVID-19 identified in Sri Lanka](#) (Daily Mirror, 12.3.2021).

<sup>22</sup> [Quarantine process under review](#) (Daily Mirror, 10.3.2021).

<sup>23</sup> See above.

<sup>24</sup> National Epidemiological Report, [Epidemiology Unit](#) (accessed 24.3.2021).

<sup>25</sup> [No issue in allowing private sector to import COVID vaccines: PHIs](#) (Daily Mirror, 18.3.2021).

<sup>26</sup> [474 staff at Sapugaskanda oil refinery test positive for COVID-19](#) (Daily FT, 22.3.2021).

An official information platform should consider different ways the public access information. Mobile penetration is strong in Sri Lanka, even if all mobile phone users do not access the internet at equal levels. People with disabilities would have accessibility related concerns, while people from under-served communities may need user-friendly materials to access official information. Even though the Covid State Ministry set up a website for Covid-related information and vaccine registration<sup>27</sup>, this website functions poorly and its registration platform has been “temporarily unavailable” for the greater part of its existence.

### *Are the vaccines effective and safe?*

Initially, as early as December, the government assured people that the vaccine chosen for Sri Lanka will have been approved by both the World Health Organisation (WHO)<sup>28</sup> as well as the National Medicines Regulatory Authority (NMRA)<sup>29</sup> prior to importation. In December, National Research Council Chairman Prof Hemantha Dodampahala told the media that the AstraZeneca vaccine received by Sri Lanka has shown a 90% success rate against the strain currently being reported in Sri Lanka. However, to achieve that high success rate, both doses of the vaccine must be taken.<sup>30</sup> In another report, Association of Medical Specialists President Dr L.A. Ranasinghe stated, “Vaccination is the best solution to the Corona pandemic. The valuable opportunity given to the people of the country should not be wasted under the guise of misconceptions.”<sup>31</sup> Early in January, Covid State Minister Fernandopulle indicated that the government was studying the efficacy of the AstraZeneca vaccine. “The government [will] analyse the success rate of vaccination programme for COVID-19 in India when taking the final decision on the vaccines most suitable for Sri Lanka,” she said.<sup>32</sup>

However, by the end of that month, the vaccine was already approved by NMRA and administered to thousands of frontline workers. Health Services Deputy Director-General Dr Hemantha Herath was reported in the media, on the eve of the launch, saying that, “Around 25 per cent of the staff at these hospitals would be vaccinated at the start in order ascertain and determine whether there is any allergy with the vaccine.”<sup>33</sup>

Days later, a Badulla General Hospital spokesperson informed the media that at least 25 health workers, who were administered the vaccine there had been hospitalized following complications after being vaccinated.<sup>34</sup> GMOA Editor Dr Haritha Aluthge told media, “About 25 people, including the doctors and staff of the Badulla Hospital, developed allergies after being vaccinated. But it is not a severe allergic condition” However, on the same day, Cabinet Co-spokesperson Ramesh Pathirana

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<sup>27</sup> [කොවිඩ් එන්නත ලබා ගන්න ලියාපදිංචි වෙන්න](#) (Aruna, 10.2.2021)

<sup>28</sup> [Sri Lanka not expecting vaccine soon](#) (Daily Mirror, 17.12.2020); [ශ්‍රී ලංකාවේ භාවිතවන ඔක්ස්ෆර්ඩ් එන්නත ගැන ලෝක සෞඛ්‍ය සංවිධානය කී දේ](#) (Mawbima, 12.2.2021); [No final decision has been made yet regarding Corona vaccine](#) (Thinakaran, 23.11.2020).

<sup>29</sup> [Sri Lanka to decide on suitable Covid-19 vaccine soon](#) (Daily Mirror, 1.1.2021).

<sup>30</sup> [දෙවැනි මාත්‍රාව ලෙස වෙනත් එන්නතක් ලබාදිය නොහැකි බව](#) (Aruna, 16.2.2021)

<sup>31</sup> [එන්නත් ගැන කියන කටකතා විශ්වාස කරනු එපා](#) (Daily Lankadeepa, 9.2.2021)

<sup>32</sup> [Sri Lanka to decide on suitable Covid-19 vaccine soon](#) (Daily Mirror, 1.1.2021).

<sup>33</sup> [Flight carrying first consignment of COVID vaccines touches down at BIA](#) (Daily Mirror, 29.1.2021); [Covishield එන්නත 28දා ලංකාවට ලැබුණු පසු ගුවන් නොටුවපළේ සිට ඇරඹෙන මෙහෙයුම මෙන්න](#) (Mawbima, 25.1.2021).

<sup>34</sup> [25 health workers hospitalised after being vaccinated](#) (Daily Mirror, 3.2.2021).

dismissed these reports: “More than 500,000 people have been given the Astra Zeneca vaccine jab to save them from COVID-19 infections in the last few days and no one has complained up to now of any serious after-effects.”<sup>35</sup> (Despite his statement, even by the third week of February, only about 300,000 people were vaccinated in Sri Lanka.<sup>36</sup>) When the vaccination process began, Sri Lanka Association of Government Medical Laboratory Technologists President Ravi Kumudesh stated in the media, “A formal test should be done before the corona vaccine is given. At present, the vaccine from India is given to the health staff and the security forces. However, more systematic research must be carried out on the administration of this vaccine as well as the other 5 vaccines, as the Ministry of Health should be responsible for identifying the risks and liabilities.”<sup>37</sup> In Ganemulla, a health worker contracted COVID-19 after receiving the vaccine, though it was observed in that case that the vaccine takes a few days to take effect.<sup>38</sup> Two more persons died after receiving the vaccine<sup>39</sup>, though a probe launched by the Epidemiology Unit stated later that the deaths are not attributable to the vaccine, even as the media report is silent on the actual causes of the two deaths.<sup>40</sup> Another report of a person who died after a sudden drop in platelets after receiving the vaccine was reported to require a “blood and pathology test ... to determine whether the sudden drop in platelets ... was due to a complication caused by the vaccine”, though the same report goes on to cite the relevant Assistant Judicial Medical Officer as saying that, “it is impossible to say that this was due to complications caused by the vaccine.”<sup>41</sup>

All the vaccines available to Sri Lanka have so far received only emergency use authorisation, both from the World Health Organisation as well as the National Medicines Regulatory Authority. Emergency use authorisation is not the same as a license, and is granted while trials are ongoing.<sup>42</sup> As mentioned before, medical experts in Sri Lanka anticipated that vaccines would take years to become available after clinical trials.<sup>43</sup> Notwithstanding, Sri Lanka received stocks in a matter of weeks, as did many other countries. Given that it is uncertain whether Sri Lanka will acquire the total amount of vaccines required, one may wonder if it would have been prudent to await the completion of the full trial of the vaccine, focussing meanwhile on containing and eradicating the spread of the virus through testing, tracing, isolating etc.

Indeed, some Sri Lankans continue to distrust the vaccine, and officials are often seen in media exhorting the public not to be misguided by false propaganda.<sup>44</sup> Nevertheless, a recent study by Ernst & Young, published as the ‘Future Consumer Index’ reports that, though trust levels in the vaccine are high globally, those who are wary of the vaccine attribute it to fears of potential side-effects and concerns about safety. Interestingly, according to the study, trust levels are polarised

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<sup>35</sup> [Only mild effects seen](#) (Daily Mirror, 3.2.2021); (Dinamina,3.2.2021)

<sup>36</sup> [ඔක්ස්ෆර්ඩ් ඇස්ට්‍රාසෙනෙකා එන්නත දුන් පිරිස ලක්ෂ 3 ඉක්මවයි](#) (Aruna, 21.2.2021)

<sup>37</sup> [කොරෝනා එන්නත් විදින්න කලින් විධිමත් පරීක්ෂණයක් කළ යුතුයි-රවී කුමුදේශ්](#) (Mawbima, 3.2.2021).

<sup>38</sup> [එන්නත ලබා ගත් සෞඛ්‍ය සේවිකාවට කොවිඩ්](#) (Aruna, 15.2.2021)

<sup>39</sup> [Epidemiology Unit begins probe on two deaths following vaccination](#) (Daily Mirror, 3.3.2021).

<sup>40</sup> [Deaths after vaccination; not due to effects of vaccine](#) (Daily Mirror, 5.3.2021).

<sup>41</sup> [Sudden platelet drop in deceased person following vaccination](#) (Daily Mirror, 17.3.2021).

<sup>42</sup> [FAQ: Emergency Use Authorizations \(EUAs\) and COVID-19 Vaccines](#) (Johns Hopkins University, accessed 24.3.2021).

<sup>43</sup> [We cannot rely on vaccines alone, says Epidemiology Chief](#) (Daily Mirror, 11.11.2020).

<sup>44</sup> [Don't believe the rumours about the vaccine](#) (Daily Lankadeepa, 9.2.2021); [There is no need to be afraid to get vaccine](#) (Thinakaran, 18.2.2021).

across the income spectrum, where high-income earners are more likely to trust the vaccine, while low-income groups are more likely to distrust it.<sup>45</sup>

### *How many vaccines will Sri Lanka get?*

A question outstanding is the number of vaccines Sri Lankans should expect to obtain. Sri Lanka's population is close to 22 million. Sri Lanka received 500,000 vaccines from India in late January, and another 500,000 was acquired from India in late February.<sup>46</sup> In early March, 264,000 vaccines arrived through the COVAX facility led by the WHO. However, as mentioned before, the number of vaccines required to achieve herd immunity in Sri Lanka is still not clear. More vaccines are said to be promised to Sri Lanka from a number of sources, though some of those promises are as yet unfulfilled (e.g., the 300,000 vaccines promised from China).<sup>47</sup>

As of this writing, 1.4 million vaccines from COVAX have been promised for Sri Lanka at least by the end of May, though 264,000 of it has already been delivered by early March.<sup>48</sup> Further, Sri Lanka has paid for 1.5 million doses of the COVISHIELD vaccine from India<sup>49</sup>, of which 500,000 arrived in end-February. In the meantime, the purchase of vaccines from Russia are currently being negotiated by a cabinet-appointed 'negotiation team'<sup>50</sup> from where Sri Lanka hopes to acquire 7 million more vaccines.<sup>51</sup> Vaccines from China (Sinopharm) and the Indian manufacturer Bharath Biotech are also being considered.

In any case, 22 million vaccines do not seem to be in the offing for Sri Lanka. A maximum of 2 million vaccines will arrive in Sri Lankan shores free of charge; all other vaccines will have been paid for by taxpayer rupees. As such, a clear strategy is needed to ensure that the vaccines obtained are distributed equitably in a manner that maximises the public benefit of vaccinating only part of the population. Else, all will have been for nought.

## **Equality in rolling out vaccines**

Sri Lanka's vaccination plan did not envisage universal coverage or even the high target of 80% coverage necessary to provide herd immunity. It is based on the reality that the country will have access to limited amounts of vaccines at a given time. The question then was how the vaccines would be distributed, who would receive them first, and on what basis they would be given priority. As seen below, the government's ideas of priority changed from person to person and from time to time.

When a government policy based on limited resources is being implemented, the right to equality of all citizens is protected by ensuring that access to those resources is distributed equitably on some rational basis. This is a general principle of the right to equality, but it becomes much more

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<sup>45</sup> [Consumers more concerned one year into pandemic: EY](#) (Daily Mirror, 13.3.2021).

<sup>46</sup> [Another consignment of Oxford-AstraZenica COVISHIELD vaccines arrive](#) (Daily Mirror, 25.2.2021).

<sup>47</sup> [Sri Lanka should count on a mix of vaccines - Health official](#) (Daily Mirror, 30.1.2021).

<sup>48</sup> [1st batch of vaccines from COVAX program delivered to Sri Lanka](#) (News First, 7.3.2021).

<sup>49</sup> [Second batch of vaccines from Serum Institute due in two weeks](#) (Daily Mirror, 11.3.2021).

<sup>50</sup> [Sri Lanka begins negotiations with Russia over cost of Sputnik V](#) (Daily Mirror, 10.3.2021).

<sup>51</sup> [WHO to keep its pledge to provide vaccines to SL by end of May](#) (Daily Mirror, 12.3.2021); [Cabinet allocates Rs. 69 Mn to import 7 Mn. Sputnik V vaccines from Russia](#) (Daily Mirror, 23.3.2021).

significant in the context of a pandemic, where all citizens face the threat equally and are expected to mobilise collectively and assist the State in its crisis response. However, following how the idea of priority evolved in actual implementation, citizens of Sri Lanka may ask serious questions whether their right to equality in accessing the COVID-19 vaccine has been violated.

### *Evolving concept of priority*

As early as November 2020, Pharmaceuticals State Minister Channa Jayasumana was reported saying that, “A technical team had been appointed to identify the priority groups for vaccination using the quota to be provided by the WHO.”<sup>52</sup> By mid-December, the Presidential Media Division said in a release, “The groups to be vaccinated will be determined based on the need and priority,” and that, “It was also decided to collect data on high-risk areas including plantations, flats and hostels, and groups.”<sup>53</sup> On New Year’s Day, Covid State Minister Sudarshini Fernandopulle told the media, “The high-risk groups and areas for the spread of virus including estates, apartment complexes, and dormitories will get the priority.”<sup>54</sup> Thus, until early January, the idea of priority seemed to be based on WHO criteria, need and priority, and specifically situations of people living in close quarters.

A week later, however, these ideas were shifting. Minister of Health Pavithra Wanniarachchi was reported saying, “We have already identified the priority groups. There are 155,000 frontline health workers which is 0.68 of the population. Frontline tri-forces and police personnel are 127,500 which is 0.56 per cent. Expatriate workers, people visiting other countries as tourists and other risk groups make up 225,700 which is 1 per cent of the population ... People above 60 years of age are 31,59,800 which is 14 per cent of the population. Working people with diseases between 18 and 59 years make up 32,27,510 of the population. It is 14.3 per cent. Working people between 40 and 59 without diseases are 31,14,660 and it is 13.8 per cent.”<sup>55</sup> Though Wanniarachchi identified these multiple categories, how they would rank among each other is not clear in her statement.

By end-January, NOCPOC Chief and Army Commander General Shavendra Silva echoed a summary version of the Health Minister’s plan, when he stated that, “The Task Force appointed on vaccination of COVID-19 had prepared a list of those who need to be vaccinated first ... vaccines will be given to frontline workers who are engaged in efforts to prevent the spread of COVID-19.”<sup>56</sup> COVID-19 Vaccine Committee Chairman Lalith Weeratunga also was seen in the media saying that the first 500,000 vaccines will be given to 250,000 frontline workers, including 150,000 health service officials and 120,000 security forces personnel.<sup>57</sup> On the day of the vaccines’ arrival, the Presidential Media Division said, “It is planned to first vaccinate about 150,000 health personnel, 120,000 police and security forces personnel who are in the forefront of the combat against COVID.”<sup>58</sup>

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<sup>52</sup> [WHO to provide 20 percent requirement of COVID-19 vaccine to SL](#) (Daily Mirror, 10.11.2020); [කොවිඩ් එන්නත මිලට ගන්න ලෝක බැංකුවෙන් ණයක් ගන්න සාකච්ඡා](#) (Lankadeepa Daily, 20.12.2020); [අපි හැම වෙලාවෙම මුල්තා දෙන්නේ සෞඛ්‍ය විශේෂඥයන්ගේ අදහස්වලටයි](#) (Lankadeepa Sunday, 23.01.2020)

<sup>53</sup> [WHO to provide 20 percent requirement of COVID-19 vaccine to SL](#) (Daily Mirror, 10.11.2020); [WHO pledged to provide vaccine to Sri Lanka, 20% of the country’s population will be entitled](#) (Thinakaran, 10.11.2020).

<sup>54</sup> [Sri Lanka to decide on suitable Covid-19 vaccine soon](#) (Daily Mirror, 1.1.2021).

<sup>55</sup> [Purchasing Covid vaccines: Diplomatic level talks completed with Russia, India, China](#) (Daily Mirror, 8.1.2021).

<sup>56</sup> [COVID-19: 480 cases in Colombo; highest within a day](#) (Daily Mirror, 26.1.2021).

<sup>57</sup> [හෙට ලැබෙන කොවිඩ් එන්නත ලබා දෙන්නේ මෙහෙමයි](#) (Mawbima, 27.1.2021)

<sup>58</sup> [Flight carrying first consignment of COVID vaccines touches down at BIA](#) (Daily Mirror, 29.1.2021).

When the vaccination programme was launched, priority was in fact given to frontline health workers and security personnel.<sup>59</sup> Though there was earlier talk of vaccinating people living in plantations, flats, etc., this idea was evidently abandoned. Similarly, too, for the other categories, such as expatriate workers and working people, though they were mentioned by the Health Minister in her statement in early January.

At the time of the launch, the Army Commander said, “The vaccination is restricted strictly to those whose names have already been listed and the entire program will remain very transparent.” However, no further information is publicly available on the priority list, how it was formulated, what criteria guided the selection of individual personnel who were vaccinated—for example, were auxiliary health service personnel fully covered? Were only medical doctors strictly relevant to the COVID-19 response prioritized, or were all doctors in general vaccinated?

The initial plan did not include Members of Parliament as a priority group, and the Sergeant-at-Arms of the Parliament Narendra Fernando told the media that, “Parliamentarians will be given COVID-19 vaccines when Sri Lanka gets more consignments in the future.” However, barely a week later, in the wake of speculation of a third, more virulent wave of infections, the Sergeant-at-Arms contradicted himself, when he announced that Members will be vaccinated immediately over a period of four days.<sup>60</sup> Some members of Parliament, prominently some in the Opposition, declined to be vaccinated saying that others should be prioritised.<sup>61</sup> A decision was made not to publicise the Members who opted to be vaccinated. In the third week of February, Cabinet Co-spokesperson Keheliya Rambukwella revealed that President and PM were vaccinated.<sup>62</sup>

### *Expansion to general public and target groups*

After two weeks of following the priority-based vaccination programme, it was expanded to the general public in the Western Province in mid-February.<sup>63</sup> The NOCPOC informed this decision reportedly as an instruction of President Gotabaya Rajapaksa. This decision was explained by how the authorities had learned there could be more time for the second dose, which meant that more people could be injected with the first consignment of 500,000 vaccines. However, the expansion was evidently not carried out in any organised manner.

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<sup>59</sup> [Vaccination drive kicks off Vaccination in hospitals of other areas today](#) (Daily Mirror, 30.1.2021); [ඉතිරි කොවිඩ් එන්නත් අවදානමේ සිටින ආර්ථිකයට දිරි දෙන්නන්ට](#) (Dinamina, 12.2.2021)

<sup>60</sup> [Parliamentarians to receive the COVID-19 jab from tomorrow \(newsfirst.lk\)](#) (News First, 15.2.2021.); [කොවිඩ් එන්නත හෙට සිට පාර්ලිමේන්තු මන්ත්‍රීවරුන්ට](#) (Mawbima, 15.2.2021); [පාර්ලිමේන්තු මන්ත්‍රීවරුන්ට හෙට කොරෝනා එන්නත](#) (Lankadeepa Daily, 15.2.2021); [මානි ඇමැතිවරුන්ට අද සිට කොවිඩ් එන්නත](#) (Dinamina, 16.2.2021);

[පාර්ලිමේන්තු මන්ත්‍රීවරුන්ට කොවිඩ් එන්නත් ලබාදීම ඇරඹෙයි](#) (Aruna, 16.2.2021)

<sup>61</sup> [හරිත් - මතුෂ - මහින්දානන්ද කොවිඩ් එන්නත එපා කිව්වේ ඇයි?](#) (Mawbima, 16.2.2021); [‘කොවිඩ් එන්නත ලබා දෙන පිළිවෙල වහාම රටට හෙළි කරන්න’](#) (Lankadeepa Daily, 16.2.2021)

<sup>62</sup> [ජනපති සහ අගමැති කොවිඩ් එන්නත ලබා ගත් බව කෙහෙළිය කියයි](#) (Mawbima, 23.2.2021); [ජනපති සහ අගමැති කොවිඩ් එන්නත ලබාගනී](#) (Aruna, 23.2.2021)

<sup>63</sup> [Vaccination drive for public to start from WP](#) (Daily Mirror, 14.2.2021); [Vaccines received from India; President’s special order to provide the public](#) (Thinakaran, 16.2.2021).

As the first phase, essential workers and various target groups such as prison officials were slated to be vaccinated.<sup>64</sup> It soon transpired that more than CMC coverage was more vaguely defined. Mayor Rosy Senanayake, responding to allegations that ‘VIPs’ had been vaccinated through the CMC, told the media, the vaccine was given to members of the council, the CMC staff and the neighbourhood of the Town hall. “When you mean neighbourhood of the Town Hall it is people from Ward Place, Rosmead Place and even Torrington Square. It was the Public Health Officers of CMC who prepared lists of those who wanted the vaccine. There were prominent persons who got the vaccine, but they were registered just like the others. There was no VIP facility arranged for anyone. Every citizen in my city is a VIP for me,” she said.<sup>65</sup>

As public vaccination progressed, various groups were specially targeted. The Minister of Education recommended teachers; the University Grants Commission recommended university students; the Buddha Sasana Ministry recommended ‘religious leaders’ and 1,500 monks were inoculated in Asgiriya; the Director General of Government Information promoted the vaccination of journalists; medical students were prioritised as well as airport workers. The government’s policy of targeting these special groups were announced in piecemeal fashion, over different days by different people. The priority list or the specially targeted categories do not seem to have been defined ahead of time, and several of the categories formerly announced by officials, such as the list mentioned by Minister of Health on January 8, 2021, do not seem to have been covered. Interestingly, the Chinese embassy was also seen calling for a new priority category, this time for Chinese nationals in Sri Lanka.<sup>66</sup>

Earlier, Army Chief Shavendra Silva told the media, referring to the public vaccination drive, that, “[It] is being carried out especially in the areas and Grama Niladhari Divisions where the highest cases of infections are being reported.”<sup>67</sup> However, in yet another instance of contradictory messaging from the government, CMC Chief Medical Officer Dr. Ruwan Wijemuni, said to the media they were “concentrating on areas where the number of COVID-19 cases reported were less in the first and second wave. Those who have already recovered after being infected with the virus have developed the antibodies which is why it was now important to administer the vaccines to those who have not been affected by the virus.”<sup>68</sup> The next day, the Covid State Minister Sudharishini Fernandopulle told the media that technical committee of the Ministry of Health is disrupting the vaccination programme, specially highlighting how the committee seems to have changed the decision to prioritise areas reporting high infection rates.<sup>69</sup>

Deputy Director-General of Health Services Dr. Hemantha Herath alleged that some parties are accessing the Covid vaccine through various undue influences. He said that there were reports of individuals using various forms of identification and designations to obtain vaccines outside the plan and that everyone should be patient until they have their turn, since everyone will be vaccinated.<sup>70</sup> But later Cabinet Co-spokesman Dr. Ramesh Pathirana, rejecting the accusations, said Covid

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<sup>64</sup> [Economically vital workers to get COVID jab](#) (Daily FT, 16.2.2021);

<sup>65</sup> [Rosy refutes claims on Covid vaccines given to VIP’s](#) (Daily Mirror, 22.2.2021).

<sup>66</sup> [Prioritize Chinese nationals in Sri Lanka when giving vaccine, Chinese Embassy requests Govt.](#) (Daily Mirror, 22.3.2021).

<sup>67</sup> [Over 96,000 Lankans repatriated; 9,475 quarantined - Army Chief](#) (Daily Mirror, 20.2.2021).

<sup>68</sup> [Six centres in Colombo as vaccinations roll out into public](#) (Daily Mirror, 23.2.2021).

<sup>69</sup> [සෞඛ්‍ය තාක්ෂණ කමිටුවේ ආතාම් තීරණ එන්නත්කරණය අවුල් කරනවා](#) (Aruna, 25.2.2021)

<sup>70</sup> [විවිධ බලපෑම් කරමින් එන්නත ලබා ගන්නා බව හෙළි වෙලා](#)(Aruna, 22.2.2021)

vaccines have not been given based on friendly grounds.<sup>71</sup>

### *Safeguards against abuse needed*

The vaccine will only be available in the country in limited numbers, and the private sector will not be allowed to import vaccines for sale. Vaccine supply will consist partly in foreign donations, but the rest in purchases by the government through the State Pharmaceutical Corporation. As such, the drive to partially vaccinate the public should be based on rational principles of priority that will ensure the maximum benefit to the public in terms of fighting the pandemic in Sri Lanka. The failure to ensure this will result in wasting public resources in a time of economic crisis, as well as a serious violation of the public's right to equality, when the enjoyment of their fundamental rights is all under stress from the pandemic and pandemic-related measures.

Initially, the Army Commander was seen assuring the public as the chief of the NOCPCO that the vaccination drive will follow a pre-formulated priority list in a fully transparent manner. However, midway through rollout, General Silva informed that, under instructions from President Rajapaksa, the vaccination programme would be expanded to the general public of the Western Province. Soon, various categories of people were vaccinated as special 'target groups', from prison officials to university students. At the same time, vaccination centres were opened to vaccinate the general public, too. Some local government authorities, such as the Mayor of Colombo for example, were seen fielding allegations of preferential treatment, while health authorities like Dr. Hemantha Herath were seen criticising the vaccination process as being corrupted by undue influence.

In such a context, the public is entitled to a clear strategy on vaccination, especially on which priority groups will be targeted and how their eligibility will be defined. Part of this strategy should include safeguards against abuse, such as (for example) the compiling of accurate data related to those who receive vaccination, where they received it, why they were eligible, who approved their eligibility, etc., with a view to using that information in investigations on allegations of abuse.

## **Looking back and looking forward...**

There is a clear need for the government to develop credible, consistent and clear messaging about covid and how the government proposes to deploy its resources to address it.

In the enthusiasm to secure and distribute the vaccine it is still important to keep the public engaged with basic safety and sanitary precautions – masks, hand washing and social distancing being the key strategies to date.

It is important that the government's economic revival strategies are aligned with its record in vaccinating critical sectors of the public.

This is also an appropriate time for the government to take stock of how it will manage the next phase of the vaccination process. To date, the Western Province has been the target of the vaccination drive, particularly Colombo and its environs but there are many other urban centres -

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<sup>71</sup> හිතවත් කම් මත කොට්ඨාස් එන්නත දී නැ - සම කැබිනට් ප්‍රකාශක වෛද්‍ය රමේෂ් පතිරණ (Dinamina, 24.2.2021)

Kandy, Kurunegala, Galle, Jaffna, Vavuniya, and Trincomalee among others that must be attended to. There is also a second vaccination phase to be considered.

Many countries in Europe are facing fresh waves of infections causing their governments to take drastic and unpopular measures such as targeted closures of businesses and partial lockdowns. Sri Lanka does not appear to even consider the prospects that a fresh wave of infections could occur and so no contingency plans are discussed.

With the focus on vaccination –testing has got less attention and media coverage. The public should be aware if this is no longer a government priority and the consequences of this shift.

We believe this is the appropriate time for the government to look back and then look forward to shape a resilient strategy to address the covid pandemic.

## **Recommendations**

- Platform for official messaging on the COVID-19 response as a whole
- Clear leadership and lines of responsibility on all decisions related to COVID-19 measures
- Clear messaging to the public on the strategy being followed and how it comes together
- Openness about who have received vaccinations so far and allegations of abuse
- Rational priority list of how vaccines will be rolled out as and when stocks arrive
- Clarity on the questions requiring expertise, such as how many vaccines are needed and for how long it is effective.
- Contingency planning in the event a fresh wave of infections occurs.